

Human Services Commission Workgroup: System Design
2nd Meeting
Friday, July 29, 2011 2-4 pm
JRTC, 2-029

Attendees:

Joe Antolin, Heartland Alliance
Anne Irving, SEIU
Mike Koetting, HFS
Ngoan Le, CCT
Jim Lewis, CCT
Sharron Matthews, HFS
Layla Sulieman Gonzalez, DHS

By Phone:

Michelle Carmichael, ISBE
Judith Gethner, Illinois Partners for Human Services

Staff:

Ashley Ramchandani
Brandon Thorne

- I. Discussion held on Affordable Care Act implementation in Illinois draft document
 - a. The document provides detailed information pertaining to those involved in the criminal justice system. This is relevant because they will comprise the vast majority of individuals that will be included in the uptake.
 - i. Is there anything that should be expanded on?
 1. The point about having better systems to track people moving from system to system should be reflected in the document.
 - ii. Are there any specifics about the DASA population?
 1. If populations are going to be identified in the document, a specific point regarding DASA should be added.
 - b. It is known how many people are in each of these systems but the systems are “siloeed”.
 - i. It is hard to capture the numbers and extent of individuals dealing with substance use and may not have a Medicaid claim, etc.
 1. What would it take to figure out the match across the systems?
 - c. Nationally, it is projected that a third of newly eligible will fall into the categories of having DASA and mental health issues.
 - i. What is meant by mental health issues? Individuals with severe issues will wind up on disability and then will become Medicaid eligible.
- II. Review set of recommendations aimed at informing key decision points in the State’s implementation of health care reform.
 - a. Wording and tone of the document may need to be reconsidered.
 - i. Determine how the document should be framed so that it gains traction.
 - ii. Number 6- eliminate “private focused” and delete “for profit” part....rewording to “practices that diminish the quality of service”.
 - iii. Number 13- might be an ideological statement that perhaps should be eliminated; it is similar to number 6 which gets at an “action import”.

1. This document touches on issues that are not directly related to the ACA but are good recommendations.
 - a. The document should include an introductory section outlining its intent.
 - i. Stating “managed care” and “coordinated care” may be a good idea.
 - b. Mentioning quality control will add some structure to the document.
 - i. Mental health and substance abuse services will be covered under Medicaid.
 - ii. Number 13- does touch on strengthening the regulatory stream.
 - c. Motivation to generate profit is an issue that the Commission needs to discuss-how to eliminate it.
 - i. The Commission will be working with both for profit and nonprofit organizations.
 - d. Any additions??
 - i. Recognize that HFS will have the key responsibility to implement and leverage its power. HFS could engage other entities in the process.
 1. OHET and HIE Board should share part of the responsibility that HFS was suggested to take on in Number -9.
 - a. The feasibility of implementation of this by HFS is questionable due to lack of budget and resources.
 2. HFS is trying to keep SNAP and TANF integrated as much as possible.
- III. Review set of recommendations aimed at informing the new Budgeting for Results Committee regarding types of outcomes and related data that might be required of State agencies delivering human services.
- a. Reminder statement about the recommendation that the Commission be extended.